IOBBYING EXPENDITURE REPORT COVERING JANUARY 1 THROUGH JUNE 30 DUE AUGUST 15 COVERING JULY 1 THROUGH DECEMBER 31	247 Lobbyist's Registration Number
DUE FEBRUARY 15	FOR OFFICE USE ONLA Postmark Date: 1118 02
Instructions	TP-
 Print in ink or type. Fill in Registration Number in spaces provided. Complete form and return to the Board of Ethics, 2415 Quait Dr., 3th Flour Buton Rouge, LA 70808 (225) 763-8777 or (800) 842-6630. This form must be delivered or postmarked by the due date. This form may be faxed to (225) 763-8787. 	10/2723
1. Name Bankston Larry	S MI
2. Buriness Address 2600 Cit. Place Suite So Street and No.	City State 70808
Mailing Address	14
3. Business Phone 225 9227985 Area Code and Telephone Number	55
 Total of all expenditures made January 1 through June 30: (Include expenditures from Schedules A and B) 	<u>*</u>
 Total of all expenditures made July 1 through December 31: (When Applicable) (Include expenditures from Schedutes A and B) 	<u>\$</u>
6. Total of all expenditures made during calendar year: (Line 4 added with Line 5 should equal Line 6)	* <u>C</u>
7. Did you make an expenditure exceeding \$50 on one occasion	for any one legislator:
From January 1 through June 30? Yes From July 1 through December 31? Yes	No □ NA
If the answer to either question in Number 7 above is YES, ple	ease complete Schedule A and attach.

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LOBBYING EXPENDITURE REPORT

Lobbyist's Registration Number

			[i] x2.			
	From January 1 through June 30? From July 1 through December 31?	□ Yes	E) No		NA	¥
				10 - 10 2003 - 20		
	If the answer to either question in Nu	mber 8 above i	s YES, please o	omplete S	chedule A	and attach.
9.	Did you expend funds for a reception, social gathering, or other function to which the entire legislature, either house, any standing committee, select committee, statutory committee, committee created by resolution of either house, subcommittee of any committee, recognized caucus, or any delegation thereof were invited during the reporting period?					
	□ Yes		⊡-1No			
	If the answer to Number 9 above is Y	TIS, please con	mplete Scheduli	e B and at	tach.	
	If the answer to Number 9 above is Y	TIS, please co	mplete Scheduli	e B and at	iach.	
			mplete Scheduli <u>OF ACCURAC</u>		tach.	10
		RIFICATION	<u>OI: ACCU</u> RAÇ	ΣY		
	<u>CF9</u>	CONTRICATION CONTRIBUTE CONTRIBUT	OF ACCURAC	EY prect to th	e best of n	ny knowledge,
	C3:0: I hereby certify that the information	enntained here	OF ACCURAC in is true and co diditures have b	EY prect to the een inclu	e best of n ded herein	ny knowledge, g and that no

Linim 200, New York